

Please write or type PV Numbers
in space provided on reverse
page. Do not send paper PV's to
ETF.

MONTHLY PREMIUM REPORT GROUP INCOME CONTINUATION INSURANCE

(All State Employees Except University of Wisconsin Faculty)

Wis. Stat. 40.05 (5) (a)

Department Name	Employer Identification Number (EIN) 69-036-	Coverage Month/Year
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Premiums – Employees in Pay Status								
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal	Times	State Share % Rate	Equals	State Share
1					X	0%	=	- 0 -
2					X	0%	=	- 0 -
3					X	200%	=	
4					X	340%	=	
5					X	570%	=	
6		- 0 -	- 0 -	- 0 -				
Subtotal A					Total C State Share			

Premiums – Employees NOT in Pay Status				
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Subtotal B				

Plus (+)

Total Employee-Paid Premium
(Subtotal A + Subtotal B)

Plus (+)

Total Employee-Paid
Supplemental Premium
(Subtotal D + Subtotal E
from reverse)

Equals (=)

Equals (=)

Total Amount Due

Date (MM/DD/CCYY)	Prepared By:	Telephone No.
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Supplemental Premiums – Employees in Pay Status				
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Subtotal D				

Supplemental Premiums – Employees NOT in Pay Status				
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
Subtotal E				

PV Numbers		